

POSITION	ID NO.	DATE
CLASSIFIER	12	3/1/93
EXAMINER	434	3/23/93
TYPIST	323	1a
VERIFIER	85	3/3/93
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

## INDEX OF CLAIMS

Claim	Date
Final	
Original	
1	6/23/93
2	6/23/93
3	6/23/93
4	6/23/93
5	6/23/93
6	6/23/93
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SYMBOLS

✓	Rejected
=	Allowed
- (Through number)	Canceled
+	Restricted
N	Non-elected
I	Interference
A	Appeal
O	Objected

Claim	Date
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